RATE	NAME	RECALL NUMBER	SECONDARY RECALL NUMBER	ADDRESS	Home of REC	INITIAL2	
MM2	(b) (6)	(b) (6)		(b) (6)			
MM1		(b) (6)					6/30/2020
FCC		(b) (6)					
Ms.	(b) (6)	(b) (6)	(b) (6)		(b) (6)		
GM1							
ABE1		(b) (6)		(b) (6)		IMD	
LT	(b) (6)				(b) (6)		
HM2		(b) (6)					
QM2		(b) (6)			(b) (6)		4/13/2020
SO1	(b) (6)						
BM2		(b) (6)		(b) (6)	(b) (6)		
SH2		(b) (6)					
QM2							
LS2		(b) (6)					
QM2		(b) (6)	(b) (6)				
HM1	(b) (6)	(b) (6)			(b) (6)		11/30/2020
HM2				(b) (6)			1/25/2021
GM2		(b) (6)					4/18/2020
OS2	(b) (6)	(b) (6)					
Ms.			(b) (6)(b) (6)				
FCA1		(b) (6)					
Mr.	(b) (6)	(b) (6)	(b) (6)	(b) (6)			
QM2							
FC1		(b) (6)	(b) (6)		(b) (6)		
MMC	(b) (6)	(b) (6)					
GSM2		(b) (6)		(b) (6)			1/20/2020
MM2							
LT	(b) (6)	(b) (6)	(b) (6)	(b) (6)			
EM1							
HM2		(b) (6)			(b) (6)(b) (6)		
ADCS	(b) (6)	(b) (6)		(b) (6)			
ABE1					(b) (6)(b) (6)		
FC1							1/15/2021
HM1	(b) (6)(b) (6)						

Automated External Defibrillator Event Log

Area Program Manager: ADCS (b) (6)
Location: FREEDOM HALL

Times:	Results:
Time of Initial Recognition of an Event	ABOUT 1400
Start of Airway Management / CPR	
Time of AED arrival	
Time of EMS notification	ABOUT 1400
Time of first shock delivered (Time)	Ø
Time of EMS arrival	ABOUT 1400
Time of return of pulse / change in patient status	ABOUT 1400
Time patient transported to higher level of care (hospital)	ABOUT 1445

Clinical Information:		Information
Age		2Ø
Gender		FEMALE
Site / Location		FH NORTHSIDE
Witnessed Event	(Yes) No	(Circle One)
Breathing on arrival	(Yes) No	(Circle One)
Pulse on arrival	(Yes) No	(Circle One)
Bystander CPR initiated	Yes (No)	(Circle One)
Number of shocks delivered by AED		Ø
Was patient revived by AED or after EMS arrival	Yes No (Circle One) NO SHOCK GIVEN, HEARTBEAT, DETECTED RYTHM RYTHM	

NO SHOCK GIVEN, HEART RYTHM RYTHM DETECTED.

• Please submit this data to the Central Program Manager or the AED Program Coordinator for data collection purposes only.

Enclosure (1)

Automated External Defibrillator
Follow-Up Data

Area Program Manager: ADCS (b) (6)
Location: FREEDOM HALL

Cause of Arrest	Presumed: Cardiac (Resp) Trauma Poisoning Other (Circle One)		
Attempted resuscitation	(Yes)	No	(Circle One)
Number of shocks delivered by AED		ϕ	
Admitted to hospital	Yes No Location:		(Circle One)
Patient transported to higher level of care	(Yes) No Facility: LAKE FORREST		(Circle One)
Died in Emergency Department	Yes	(No)	(Circle One)
Number of days in hospital		1	
Discharged alive	Yes	(No)	(Circle One)
Alive at one year	Yes	(No)	(Circle One)

MANAGING DEFIBRILLATOR DATA

The LIFEPAK 1000 defibrillator provides an infrared method to transfer defibrillator data.

Overview of Data Storage

Every time you use the defibrillator, it digitally saves patient data that can be transferred to a PC. You can provide patient data to aid in case review for quality control, training, and research purposes. You should become familiar with local requirements for reporting a use of the LIFEPAK 1000 defibrillator and for providing use data. For assistance in retrieving data from the defibrillator, contact your local Physio-Control sales representative or authorized service personnel.

Data Stored by the LIFEPAK 1000 Defibrillator

Whenever you turn on the defibrillator and connect it to a patient, it automatically stores data about the patient. When this data is transferred to a data management system for review (for example, CODE-STAT™ software), three patient reports are available: Event Log, Continuous ECG, and CODE SUMMARY. Table 4-1 describes these reports.

Table 4-1 Patient Reports

Report Type	Description
Event Log	A chronological log of all events. An event is a condition noted by the defibrillator. Events are listed on page 4-3.
Continuous ECG	Forty minutes of the patient's ECG rhythm beginning when the patient is connected to the defibrillator and ending when the defibrillator is turned off.
CODE SUMMARY	Combines the Event Log and a sampling of continuous ECG rhythms associated with certain events, such as defibrillation.

The LIFEPAK 1000 defibrillator can store up to two patient records: one for the current patient and one for the previous patient. When you use the defibrillator, it is important to transfer the patient data as soon as possible after use. The Complete Record for the current patient includes the Continuous ECG and Event Log. If you treat a second patient, the first patient's Continuous ECG is reformatted into a CODE SUMMARY report. If you treat a third patient, all of the first patient's data is deleted and the second patient's Continuous ECG is reformatted into a CODE SUMMARY report.

Table 4-2 Patient Records

	Complete Record	Summary	Continuous ECG
Current Patient	X	X	X
Previous Patient	Ø	X	Ø

If you turn the defibrillator on and off without attaching electrodes to a patient, the defibrillator does not create a new patient record and the patient records in the defibrillator are not altered.

The LIFEPAK 1000 defibrillator does not delete patient data after you transfer the data to a PC. The defibrillator deletes previous patient data only when it is connected to a new patient or a simulator.

Test and Service Data

The LIFEPAK 1000 defibrillator stores a test log consisting of the most recent auto-tests, power cycles, and battery replacements. The test log lists the test results and any errors detected. The test log data is available only to authorized service personnel or to responders who are using the appropriate LIFENET system product.

Event and Test Log

Table 4-3 and Table 4-4 list the types of events that may be annotated on event and test log reports.

Table 4-3 Events

Events	Events	Events
Power On	Shock X Abnormal	Motion
Connect Electrodes	No Shock Advised	Analysis Stopped*
Patient Connected	CPR Prompt	Low Battery
AED Mode	Stop CPR Prompt	ECG Mode
Initial Rhythm*	Check Patient*	Out of Event Memory
Analysis X*	Charge Removed	Out of Waveform Memory
Shock Advised	Manual Mode	Power Off
Charge Complete	Replace Battery	Recovery Time*
SHOCK X-XXXJ*	Charge Button Pressed	

*These events include ECG samples in the Summary Report.

Table 4-4 Test Log Report

Test Log
Self Test Power On
Self Test Pass/Fail
User Power On/Off
Battery Changed

Overview of Connections for Transmitting Reports

Patient, test, and service data can be transmitted from the LIFEPAK 1000 defibrillator to a PC-compatible computer equipped with CODE-STAT software, version 6.0 or later, a Physio-Control LIFENET system product.

The LIFEPAK 1000 defibrillator (see Figure 2-1) supports wireless, infrared communications for transmitting data from the defibrillator to your computer. To receive the transmission, your computer must have an operational IrDA port.

If your computer does not have an IrDA port, you can install an IrDA adapter to provide the needed interface. Physio-Control recommends installing an IrDA adapter on all computers to ensure successful communication connections and data transmissions.

IrDA adapters are available for serial or USB computer ports. Follow the installation and usage instructions provided with the adapter, ensuring that the adapter mount (receiving end) is positioned on a stable surface. Figure 4-1 provides guidelines to follow for positioning the defibrillator and the IrDA adapter before initiating a transmission.

FREEDOM HALL MONTHLY AED CHECK LIST

1. Complete this check off sheet the First Monday of each month
(If we are closed on Monday, it will be completed on the following workday). This sheet will be maintained for 1 year.

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves
1 CPR reusable mouth barrier (b) (6)
1 Razor
1 anti-microbial wipe (b) (6)
1 trauma scissors

When performed: 01 JAN 18 (JAN)

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves (b) (6)
1 CPR reusable mouth barrier (b) (6)
1 Razor (b) (6)
1 anti-microbial wipe (b) (6)
1 trauma scissors

When performed: 01 FEB 18 (FEB)

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves (b) (6)
1 CPR reusable mouth barrier (b) (6)
1 Razor (b) (6)
1 anti-microbial wipe (b) (6)
1 trauma scissors (b) (6)

When performed: 01 MAR 18 (MAR)

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves (b) (6)
1 CPR reusable mouth barrier (b) (6)
1 Razor (b) (6)
1 anti-microbial wipe (b) (6)
1 trauma scissors (b) (6)

When performed: 01 APR 18 (APR)

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves (b) (6)
1 CPR reusable mouth barrier (b) (6)
1 Razor (b) (6)
1 anti-microbial wipe (b) (6)
1 trauma scissors (b) (6)

When performed: 01 MAY 18 (MAY)

1. Ensure the following equipment is present:

Initials

1 LifePak 500/1000 AED unit (b) (6)
2 Pairs of pads (b) (6)
2 Disposable gloves (b) (6)
1 CPR reusable mouth barrier (b) (6)
1 Razor (b) (6)
1 anti-microbial wipe (b) (6)
1 trauma scissors (b) (6)

When performed: 01 JUN 18 (JUN)

1ST DECK PODIUM S/N (b) (6)

Over for next six months

Automated External Defibrillation Maintenance Checklist

Area Program Manager: HM1 **(b) (6)(b) (6)**

Location: RTC GREAT LAKES, FREEDOM HALL, BLDG 7250, 1st DK, Podium, S/N: **(b) (6)**

Dates of Week: 17FEB - 23FEB

Criteria	MON	TUE	WED	THUR	FRI	SAT	SUN
Placement visible, unobstructed and near phone	X				**(b) (6)**		X
Status of battery/indicator light	X						X
Inspect exterior cabinet components and sockets for cracks	X						X
Verify seal on consumable items bag	X						X

Initial / Signature		Initial / Signature	
(b) (6)(b) (6)		**(b) (6)**	
		(b) (6)	
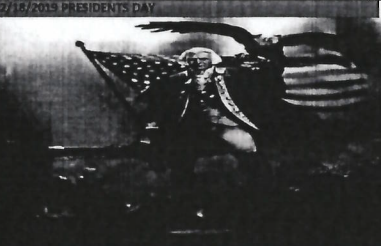
Central Program Manager Signature / Date LS2 **(b) (6)(b) (6)**

AED Program Coordinator Signature / Date HM1 **(b) (6)(b) (6)**

- Daily checks of the AED unit will be completed at the start of each workday that the area is open. If closed for weekend or holidays, an X will be placed in the column under that day
- AED unit will be tested on the first Monday of each month
- Supplies will be verified and checked for expiration dates on the first Monday of each month
- NHGL Biomedical Department will perform PMI on AED units on an annual basis and as needed or requested by the designated Area Program Manager
- Upon completion of form, submit to the Central Program Manager

Enclosure (3)

2/21/2019 EM1 | W/I

	4:45	10:00	12:30	14:30	8:00	14:00	EM1
	4 DIV/ MK	MKUP	4 DIV	2 DIV	2 DIV	2 DIV	
LI	LS2	QM2 M	MM2 B	GM2	MM2 S	QM2 S	
I	MM2 S	SO1	GM1	GM1	OS2	MM2 B	
I	QM2 M	GSM2	GM2	MM2 B	GSM2	MM1	
I	SO1		QM2 S	EM1	MM2 B	QM1 M	
I	OS2		MM1	QM1			
HM	HM1 C		HM1 C	HM1 M	HM1 M		
HM	HM1 W		HM1 W	HM2 R	HM2 R		
O/P	HM1 N		QM1 M	QM1 M	QM1 M		

2/19/2019 MM2 S | W/I

	4:45	10:00	12:30	14:30		MM2 S
	1DIV/ MK	MKUP	2 DIV	2 DIV		
LI	QM1	LS2	GM2	MM2 B		
I	LS2	SO1	MM2 B	GM2		
I	SO1	QM1	MM1	MM2 S		
I		QM2 M	EM1	OS2		
I		QM2 M	QM2 S			
HM	HM1 C	HM1 C	HM1 M	HM1 M		
HM	HM1 W	HM1 W	HM2 R	HM2 R		
O/P	HM1 N	HM1 N	QM1 M	QM1 M		

2/22/2019 QM2 S | W/I

	4:45	8:00	10:00	12:30	1430 1DIV	14:00	QM2 S GM1
	2 DIV/ MK	1 DIV	FIT/MKUP	2 DIV	GM1		
LI	GM2	GSM2	GSM2	EM1	QM2 S	QM2 S HM1 W	
I	MM2 S	MM2 S	SO1	GM1	EM1 HM2 R	EM1 HM2 R	
I	SO1	MM1	OS2 GM1	MM1	EM1	GM1 QM1	
I	OS2			MM2 B		MM2 B	
I				QM2 S			
HM	HM1 C	HM1 C	HM1 C	HM1 W	HM1 W		
HM	HM1 W	HM1 W	HM2 R	HM2 R	HM2 R		
O/P	HM1 N		HM1 N	QM1 M			

2/20/2019 MM2 B | W/I

	4:45	8:00	10:00	12:30	14:00	MM2 B QM2 S
	MK	2 DIV	FIT/MKUP	3 DIV	2 DIV	
LI	MM2 S	GSM2	GSM2	GM2	QM1 M	
I	LS2	GM2	SO1	QM2 M	QM2 S	
I	SO1	OS2	LS2	QM1	OS2	
I		MM1		MM2 B	QM1	
I		QM2 S		OS2		
HM	HM1 C	HM1 C	HM1 M	HM1 M		
HM	HM1 W	HM1 W	HM2 R	HM2 R	STEP FEP	
O/P	HM1 N	QM1 M			QM2 S	

CAPTAINS CUP 23FEB19   OPENER : LS2   LEAD : MM2 B   CLOSER : MM2 S

DATE	18-Feb-19	19-Feb-19	20-Feb-19	21-Feb-19	22-Feb-19
MMC					
EM1		0700-COB	SPECIAL LIB	CLOSER	0700-COB
GM1 C		OFF WATCH	0700-COB	0700-COB	0700-COB
QM1		0415-0900	1000-COB	0700-COB	0700-COB
GM2 R		0700-COB	0700-COB	0700-COB	0415-0900
GSM2 S		0700-COB	0700-COB	0700-COB	0700-COB
LS2		0415-1315	0415-1315	0415-1315	OFF WATCH
MM2 B		0700-COB	CLOSER	0700-COB	0700-COB
MM2 S		CLOSER	0415-1315	0415-1315	0415-1315
QM1 MA		0700-COB	0700-COB	0700-COB	0700-COB
QM2 M		0700-COB	0700-COB	0415-1315	0700-COB
FCA1		0700-COB	0700-COB	0700-COB	0700-COB
MM1		0700-COB	0700-COB	0700-COB	0415-1315
SO1		0415-1315	0415-1315	0415-1315	0415-1315
BM2			CON LEAVE		
OS2 R		0700-COB	0700-COB	0415-1315	0415-1315
QM2 S		0700-COB	0700-COB	0700-COB	CLOSER
SH2					
HM1 C		0415-1315	0415-1315	0415-1315	0415-1315
HM1 G			CHECK OUT		
HM1 M		0700-COB	0700-COB	0700-COB	WATCH
HM1 N		0415-1200	0415-1200	0415-1200	0415-0815
HM1 W		0415-1315	0415-1315	0415-1315	0415-1315
HM2 R		0700-COB	0700-COB	0700-COB	0700-COB

THU: 224-659-1501

18-Feb-19	POTUS DAY
19-Feb-19	QM2 S
20-Feb-19	MM2 S
21-Feb-19	OS2
22-Feb-19	MM2 B

SEPS: 7444 EXT 4

Legend

	CLOSER
	0700-COB
	LATE STAY
	COMPUTER
	CHECK OUT
	0415-1315
	ASF
	WATCH/OFF WATCH
	LEAD QUALIFIED
	OFFICE/PAPERWORK
	INSTRUCTOR QUALIFIED
	NON-QUALIFIED
	LEAVE
	0530-COB
	SPECIAL LIB
	TAD

SCHEDULE PO: (b) (6)

(b) (6)

LPO: (b) (6)

LCPO:

PHYSIO CONTROL

LIFEPAK® 1000 DEFIBRILLATOR
Battery Removal and Reinstallation CHECKLIST

Unit Serial Number_____
Department/Location_____

If your device powers off unexpectedly, either during inspection or during patient treatment, immediately remove and reinstall your existing battery to restore power to the device. If power is not restored, replace the battery with a spare battery and call Physio-Control immediately to arrange for servicing of your device at 1-866-231-1220, 6:00 A.M. to 4:00 P.M. (Pacific), Monday – Friday.

Instruction		
Remove battery and reinstall weekly. The removal and reinstallation of the battery will clean the contacts of oxidation and will reduce the likelihood of oxidation occurring.		
Battery removed and reinstalled	Date	Initials
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About NTMPS ETJ	Problems With Your Data?	Comments/Suggestions	DOD Warning	FAQs	What's New	Acronyms

For Official Use Only - Contains Privacy Act Data

Training Data

Name: HM1 (b) (6)(b) (6)

CIN/CSE ID	Location	Course Title	Type	Source	Grad Date
NWC-PPME-SENL-B2-V6	NOT APPLICABLE	PRIMARY PROFESSIONAL MILITARY EDUCATION (ENLISTED) - BLOCK 2 - THE CULTURE OF THE NAVY	WEB	NLN-NIPR	02/15/2019
NMETC-AMD-030	NOT APPLICABLE	AMDEC UNIT 3: OPERATIONAL POLICIES, PROCEDURES, AND STRATEGIES COURSES	WEB	NLN-NIPR	02/14/2019
NMETC-AMD-020	NOT APPLICABLE	AMDEC UNIT 2: UTILIZATION AND MANAGEMENT OF RESOURCES COURSES	WEB	NLN-NIPR	02/14/2019
NRTC-NAVEDTRA-14300A-NIT-1.0	NOT APPLICABLE	NAVY INSTRUCTIONAL THEORY - NAVEDTRA 14300A	WEB	NLN-NIPR	02/11/2019
CPPD-ORM-MYTR-1.0	NOT APPLICABLE	SUPERVISOR - MANAGING YOUR TEAM'S RISK	WEB	ESAMS	02/08/2019
CPPD-ORM-MYR-1.0	NOT APPLICABLE	INDIVIDUAL - MANAGING YOUR RISK	WEB	ESAMS	02/08/2019
NWC-PPME-SENL-B1-V6	NOT APPLICABLE	PRIMARY PROFESSIONAL MILITARY EDUCATION (ENLISTED) - BLOCK 1 - INTRODUCTION	WEB	NLN-NIPR	02/04/2019
NMETC-AMD-010	NOT APPLICABLE	AMDEC UNIT 1: ORGANIZATIONAL STRUCTURE, RELATIONSHIPS AND POLICY COURSES	WEB	NLN-NIPR	01/30/2019
CNIC-TRTAS-1.1	RECRUIT TRAINING COMMAND	TRAINING AND READINESS - THE ACTIVE SHOOTER	CDT	UNIT_RPT	01/24/2019
ESAMS-1011	NOT APPLICABLE	CPR - AUTOMATED EXTERNAL DEFIBRILLATOR (AED) (AM. HEART ASSO	WEB	ESAMS	01/15/2019
CNIC-US1363	JOINT WARFIGHTER CENTER (JKDDC)	TRAINING AND READINESS - THE ACTIVE SHOOTER (1 HR)	NVA	JKO	11/01/2018
DHA-US001	JOINT WARFIGHTER CENTER (JKDDC)	HIPAA AND PRIVACY ACT TRAINING (1 HR)	NVA	JKO	11/01/2018
TWMS-591545	NOT APPLICABLE	DIVERSITY AND INCLUSION	WEB	TWMS	11/01/2018
NM-UAC-12-1.0	NOT APPLICABLE	PREVENTION OF UNAUTHORIZED COMMITMENTS	WEB	NLN-NIPR	11/01/2018
CENSECFOR-AT-010-1.0	NOT APPLICABLE	ANTITERRORISM LEVEL I AWARENESS TRAINING	WEB	NLN-NIPR	11/01/2018
DON-CIAR-1.0	NOT APPLICABLE	NCIS COUNTERINTELLIGENCE AND INSIDER THREAT AWARENESS AND REPORTING TRAINING	WEB	NLN-NIPR	11/01/2018
DOD-IAA-V15.0	NOT APPLICABLE	DOD CYBER AWARENESS CHALLENGE 2018	WEB	NLN-NIPR	11/01/2018
CPPD-GMT-ADTA-1.0	BRMEDCLINIC NORFOLK NAVSTA	ALCOHOL, DRUGS AND TOBACCO AWARENESS	CDT	UNIT_RPT	08/15/2018
DOD-CTIP-3.0	NOT APPLICABLE	COMBATING TRAFFICKING IN PERSONS - CTIP GENERAL AWARENESS TRAINING	WEB	NLN-NIPR	07/31/2018
CNE-CBR-001	NOT APPLICABLE		WEB	NLN-NIPR	07/31/2018

Has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver CPR AED Course. The MTN is an authorized provider of American Heart Association ECC courses. Optional completed modules are those NOT marked out.

~~Child CPR AED - Infant CPR - Exam~~

8/9/2017	8/9/2019
Issue Date	Expiration Date

For Authorized Use Only

MTN Lovell FHCC

MTN Training Site	MTN ID#

Mark S. Dahlen
RN, NREMT

American Red Cross

Certificate of Completion

(b) (6)(b) (6)

~~has successfully completed requirements for~~

Bloodborne Pathogens Training - valid 1 YearAdministering Emergency Oxygen - valid 2 YearsLifeguarding/First Aid/CPR/AED - valid 2 Years

conducted by
American Red Cross

Date Completed: 04/13/2018
Instructors: Trey Hornberger, Kyle Campbell

Certificate ID (b) (6)

To verify, scan code or visit:
redcross.org/confirm

https://classes.redcross.org/Saba/Web/Main/goto/FullCertificate?offeringId=crmb00000008344705

HEARTSAVER
CPR AED

Has successfully completed the objectives and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver CPR AED Course. The MTN is an authorized provider of American Heart Association ECC courses. Completed modules are those NOT marked out.

Adult CPR & AED   ~~Child CPR & AED~~   ~~Infant CPR~~   ~~Written test~~

JUL 2016
Issue Date

JUL 2018
Expiration Date

FOR AUTHORIZED USE ON-

Name of
Military Training
Affiliate

MTN Lovell FHCC

Instructor's
Signature

Holder's
Signature

TSAVER
AED

mpleted the objectives and skills evaluations in accordance with
he American Heart Association for the Heartsaver CPR AED
is an authorized provider of American Heart Association ECC
ompleted modules are those NOT marked out.

2018   MAY 2020
e Date   Expiration Date

For Authorized Use Only

MTN Lovell FHCC
MTN Training Site   MTN ID#

Mark S. Dahlen
RN, NREMT

Signature of Program Director/TSF

Holder's Signature

HEARTSAVER. CPR AED

Military Training Network
Resuscitative Medicine Programs

(b) (6)(b) (6)

Has successfully completed the objectives and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver CPR AED Course. The MTN is an authorized provider of American Heart Association ECC courses. Optional completed modules are those NOT marked out.

AUG 2018	AUG 2020
Issue Date	Expiration Date

For Authorized Use Only

MTN Lovell FHCC

MTN ID#

Training Site   S. Dahlen

(b) (6)

FOR AUTHORIZED USE ON-

Name of
Military Training   **MTN Lovell FHCC**
Affiliate

Instructor's
Signature

(b) (6)

Holder's
Signature

**HEARTSAVER
CPR AED**

MILITARY TRAINING NETWORK
RESUSCITATIVE MEDICINE PROGRAMS

(b) (6)

Has successfully completed the objectives and skills evaluations in accordance with
the curriculum of the American Heart Association for the Heartsaver CPR AED
Course. The MTN is an authorized provider of American Heart Association ECC
courses. Completed modules are those NOT marked out.

Adult CPR & AED	Child CPR & AED	Infant CPR	Written test
MAY 2016		MAY 2018	
Issue Date		Expiration Date	

For Authorized Use Only

MTN Lovell FHCC

MTN Training Site

Mark S. Dahlen
RN, NREMT

MTN ID#

(b) (6)

HEARTSAVER CPR AED

Military Training Network
Resuscitative Medicine Programs

(b) (6)(b) (6)

Has successfully completed the objectives and skills evaluations in accordance with
the curriculum of the American Heart Association for the Heartsaver CPR AED
Course. The MTN is an authorized provider of American Heart Association ECC
courses. Optional completed modules are those NOT marked out.

JAN 2018
Issue Date

JAN 2020
Expiration Date

HEARTSAVER
CPR AED

MILITARY TRAINING NETWORK
RESUSCITATIVE MEDICINE PROGRAMS

(b) (6)(b) (6)

Has successfully completed the objectives and skills evaluations in accordance with
the curriculum of the American Heart Association for the Heartsaver CPR AED
Course. The MTN is an authorized provider of American Heart Association ECC
courses. Completed modules are those NOT marked out.

Adult CPR & AED	Child CPR & AED	Infant CPR	Written test
1FEB2017			FEB 2019
Issue Date			Expiration Date

FOR AUTHORIZED USE ON-

Name of
Military Training
Affiliate   MTN Lovell FHCC

Instructor's
Signature

Holder's
Signature   (b) (6)(b) (6)

HEARTSAVER
CPR AED

Military Training Network
Resuscitative Medicine Programs

(b) (6)(b) (6)(b) (6)

Has successfully completed the objectives and skills evaluations in accordance with
the curriculum of the American Heart Association for the Heartsaver CPR AED
Course. The MTN is an authorized provider of American Heart Association ECC
courses. Optional completed modules are those NOT marked out.

~~Child CPR AED~~   ~~Infant CPR~~   ~~Exam~~

NOV 2017   NOV 2019
Issue Date   Expiration Date

For Authorized Use Only

MTN Lovell FHCC

MTN Training Site   MTN ID#

Mark S. Dahlen
RN, NREMT

Signature of Program Director/TSF

(b) (6)

Holder's Signature